Case:17-03283-LTS Doc#:17792-1 Filed:08/12/21 Entered:08/12/21 14:29:40 Pro se Notices of Participation Page 1 of 102

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
Participant's Name: Maria M. Quiñones Quinones
Participant's Address: HCI BOX 3321_ LOI2A, P.ROOT
Participant's Email Address: M.g. 8888 pho+mail. Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: <u>C35-10269523401-207817</u>
Nature of Claim: By: Maria M. Quinones Signature Maria M. Quinones Print Name Secretary (Retired) Title (if Participant is not an individual)
Date

Annual Control of the Control of the

10 AUG 2021 PM 1 L



Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

		En les l'Entres din l
P.O. Box 354, Ta	KM1.5 Peñvelas. P.R.	a Moca 00624
V C102-140	Yahoo. Com	
	enousei	
Claim number and the	nature of Participant's Cla	im:
79581		
	A transfer of the second	Son Sur-
Town		NAME OF THE PERSON OF THE PERS
2 Torres		
Label leading 12.6		
s not an individual)		
, 2021	A Change of the second	
	P.O.Box 354, Tax Cavretera 520 v Cru2_146 Claim number and the 79581 Towar 2 Torres a not an individual)	Town 2 Towns a not an individual)

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GLERK'S OFFICE
SAN JUAN, RE

P.O. Box 354
Penvelas, P.R. 00624

United States District Cour Clerk's Office, 150 Ave. Carlos Chardon Ste, 150

Saw Juan, P.R. 00918-1767

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Case:17-03283-LTS Doc#:17792-1 Filed:08/12/21 Entered:08/12/21 14:29:40 Desc: Pro se Notices of Participation Page 5 of 102

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

Participant's Name:

Participant's Name:

Participant's Address:

Participant's Email Address:

Participant's Email Address:

Estra da Marange Li(a) G. Mail Conn.

Name of Counsel:

Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

17 BK 3283 - 175

Nature of Claim:

Bunit cación Especial Romenzo 1975

By:

Signature

Felix A. Estrada Garcia

Print Name

Title (if Participant is not an individual)

agosto 10, 2021

7R. 00730-4451 Clandio

San Juan P.R. 00918-1767

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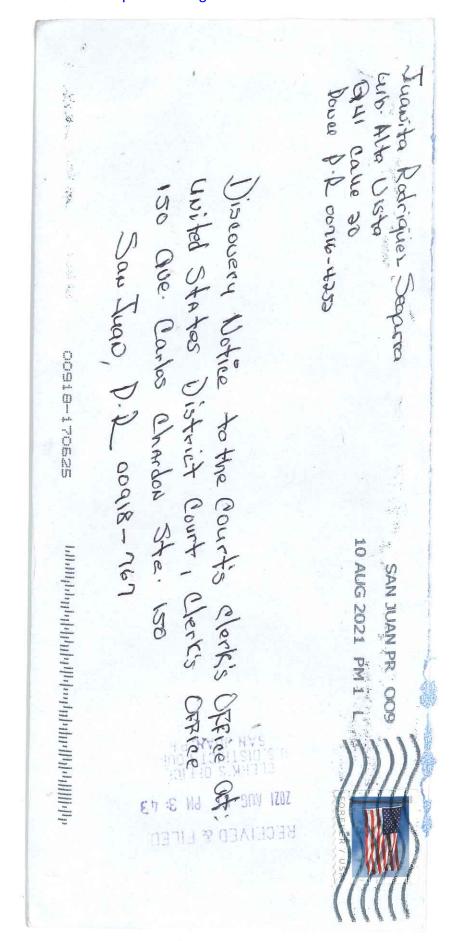
Case:17-03283-LTS Doc#:17792-1 Filed:08/12/21 Entered:08/12/21 14:29:40 Desc Pro se Notices of Participation Page 7 of 102

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: Participant's Name: Participant's Address: Participant's Email Address: 10005000 Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 99-0669 (505) Claim Number: Nature of Claim: By: ignature Print Name Title (if Participant is not an individual)



Case:17-03283-LTS Doc#:17792-1 Filed:08/12/21 Entered:08/12/21 14:29:40 Desc Pro se Notices of Participation Page 9 of 102

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: He Lor L. Dando mediño Unt. Jardinos de Mentilla 113 el mente Fdilio Mesous P.D. 00687 Participant's Name: Participant's Address: Participant's Email Address: Tolo 2991 & G. Mail. Com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: Hestor Daughdo Mederia Signature Hestor L. Oquendo Medino By: Title (if Participant is not an individual) 08-10-2071

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Case:17-03283-LTS Doc#:17792-1 Filed:08/12/21 Entered:08/12/21 14:29:40 Desc Pro se Notices of Participation Page 11 of 102

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: Nancy Mc Cormick Calimano Participant's Name: Urb: Costa Azul Calle 8 D-12 Guayema, P. R. 00784 Participant's Address: Participant's Email Address: nancy mecornick 1950 a. gmail. com Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: PR 1845 BRF 55176 PACKID 2022 42 HMLIDS 80 2283-PSVC: MML-PC Department of Education Nature of Claim: Mancy Mc Cormick Calimons
Signature Nancy Mc Cormick Calimano Print Name Title (if Participant is not an individual)

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Date August 10, 2021

Romte - Nancy Mc Cormick Mrb. Costa Azul Calle 8 D-12 sucrepma, Puerto Rico 00784 Calimano

Office, 150 Ave. Carlos Chardon Ste. 150 San Juan, P.A. 00918-1767

United States District Gurt, Clerk's

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Case:17-03283-LTS Doc#:17792-1 Filed:08/12/21 Entered:08/12/21 14:29:40 Desc Pro se Notices of Participation Page 13 of 102

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:	José S. Montero González
Participant's Address:	Urb. Molinos del Rio 103, Calle María C de Bourbón, Dorado PR 00646
Participant's Email Address:	monterojs@yahoo.com
Name of Counsel:	Lcda. Ivonne González Morales
Address of Counsel:	Edif. Gallardo, San Juan, PR 00901
Email Address of Counsel:	ivonnegm@prw.net
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	17 BK 3283-LTS
Nature of Claim:	Claim for Salary
By: Signature	5-1-
José S. Montero Gonz	zález
Print Name	2
Title (if Participant is	not an individual)

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

August 9, 2021

Date

José S. Montero Urb. Hownes del Rio 103 devado, pro oouth I María C de Bourboin

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Son gran 1910 00918-1767 Carlos Cardin STE 150





Case:17-03283-LTS Doc#:17792-1 Filed:08/12/21 Entered:08/12/21 14:29:40 Desc Pro se Notices of Participation Page 15 of 102

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name: Santiago de Jesus, Judith Ramona

Participant's Address: A-28 Celle s Urb. Villa Rosal Guayama,

Participant's Email Address: judystgo d; @ g mail.com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: PR 1845 5RF 55176 Pack 1D: 211521 MMLID: 2004 1246-P Claim Number: SVC: MML.PC Department of Education Nature of Claim: By: Judith Ramona Santiago De Vesus Title (if Participant is not an individual) August 10, 2021 Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice

Santiago De Jesús, Judith Ramona Suayema, P.R. 00784 A-28 Calles U.b. Villa Rosa 1

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United States District Court, Clerk's Jan Juan, P.R. 00918, 1767 Office, 150 Ave. Carlos Chardon S

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Case:17-03283-LTS Doc#:17792-1 Filed:08/12/21 Entered:08/12/21 14:29:40 Desc Pro se Notices of Participation Page 17 of 102

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel.

1.

if any: Santa H. David Mirando Participant's Name: HC-03 P.O. BOX Participant's Address: Name of Counsel: Esc. Benjamin Address of Counsel: de 516680 Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: 51668 Claim Number: de empleado Nature of Claim: By: Signature Print Name Title (if Participant is not an individual) 1606 ap 091 Date

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From! Sanka H. David Minanda HC-03 P.O. BOX 16441 Coamo, P.R. W769

SAN JUAN PR 009

SZWCZ.1-01600

To! United states District Court,

Clerk's Office, 150 Ave.

Carlos chardonste,

San Juan, P. R. W918-1767



Case:17-03283-LTS Doc#:17792-1 Filed:08/12/21 Entered:08/12/21 14:29:40 Desc: Pro se Notices of Participation Page 19 of 102

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:		,	_	
Participant's Name:	Carmen Ana Santiago	de .	lesu	15_
Participant's Address:	larmen Ana Santiago Urb. Villa Rosa I Calle s santiago de je cormen Q	5 A-28	6	ианама,
Participant's Email Address:	santiago de je carmen Q	gmail.	com	
Name of Counsel:		and when the		
Address of Counsel:				in in
Email Address of Counsel:				
2. Participant's 0	Claim number and the nature of Participant's	Claim:		
Claim Number:	PR 1845 SRF 55176 Pack 1			
Nature of Claim:	Deparment of Education		731 C ML.	PC :
By: Larmen Gna	Santiago de Jesús			14
Carmen Ana	Santiago de Jesús		# Vap 127 pm-a	market to have
rimi Name			7971 A	
Title (if Participant is	s not an individual)	2003	S	<
August 10,	2021	255	72	89-34-31-31-31-31-31-31-31-31-31-31-31-31-31-
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Darmen Ana Sa Urb. Villa Rosa I Guayama, P.R. 48700 Jesus

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Case:17-03283-LTS Doc#:17792-1 Filed:08/12/21 Entered:08/12/21 14:29:40 Desc: Pro se Notices of Participation Page 21 of 102

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

II ally.	· · · · · · · · · · · · · · · · · · ·
Participant's Name:	Flor M. Estrada Rivas
Participant's Address:	apt le Econcordia Garden 2 560 Napoles
Participant's Email Address:	flor estrada 5 @ gmail
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	138615
Nature of Claim:	Law 1989 - 1988 - 1989 Law 1996
By: Flor M.	Estrado
Signature	
Flor W	n. Estrada Rivas
Print Name	
ū.	
Title (if Participant is	not an individual)
	to 2021
Date	

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United States District count clerk's office, 150 Ave. Carlos Chardon Ste. 150, San Tuen, P.R.



Case:17-03283-LTS Doc#:17792-1 Filed:08/12/21 Entered:08/12/21 14:29:40 Desc: Pro se Notices of Participation Page 23 of 102

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Jose A. Santiago Hernandez
Participant's Address:	B-78 Las Alondras, Villalba PR 00766
Participant's Email Address	: Jossean 2411@gmail.com
Name of Counsel:	AU
Address of Counsel:	ALU
Email Address of Counsel:	Alu
2. Participant's	Claim number and the nature of Participant's Claim:
Claim Number:	#51061 et. al.
Nature of Claim:	Unpaid wages by the government of P.K.
Ву: ДВ (12)	
Signature	
Jose A. Sa	ntiago Hernandez
Print Name	
Title (if Participant	is not an individual)
hand a	2021
Date 7	2021
Duto	

B-T8 Las Alondras Villalba, P. R. DO 766

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Case:17-03283-LTS Doc#:17792-1 Filed:08/12/21 Entered:08/12/21 14:29:40 Desc Pro se Notices of Participation Page 25 of 102

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and the if any:	at of its counsel,
Participant's Name: Telix). Figueroa Lugo	
Participant's Address: P.O. Box 800459 Coto Laurel 4	R00780-0450
Participant's Email Address: fi fique Wictoud. Com	
Name of Counsel:	
Address of Counsel:	· 11 // /
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim	ı:
Claim Number:	
Nature of Claim:	
Pur Pur	
By: Signature	
Felix J FigueroA	
Print Name	
	-
Title (if Participant is not an individual)	1997 W
6-8-21	
Date	

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San Juan: PR 00918-1767

of States District Court, Clark's Office.

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1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

ii aliy.	
Participant's Name:	Aurea E. Faria Pagan
Participant's Address:	Urb. San Martin C5 FS Juana Diaz, P. R. 007
Participant's Email Address:	getaria 24 @ g.mail. com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	108092
By: Que & Jaria S Signature	I'm claming the salary that I was supposed for received during my time working again
Title (if Participant is a August 10 Date	not an individual) 2021 SANSER OF THE STATE OF THE STAT

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San Juan, P.R. 00918-1767 Carlos Chardon's 10 AUG 2021 PM 1 to Per Ks

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Case:17-03283-LTS Doc#:17792-1 Filed:08/12/21 Entered:08/12/21 14:29:40 Desc: Pro se Notices of Participation Page 29 of 102

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:				
Participant's Name: <u>Katherine</u>				n wi
Participant's Address: #21 Pasco do	los Arteson	ncs last	redras 1.	R 0077
Participant's Email Address: Kathy 34738	Dgmail. L	o'm		_
Name of Counsel:				_
Address of Counsel:			*	_
Email Address of Counsel:				
2. Participant's Claim number and the	nature of Partici	pant's Claim:		
Claim Number: 17 BK 329	83-LTS		1 - 5	
Nature of Claim: Promesa	+1+le	111		jar.
By: Signature		S. 1.2	7021 A	
Katherine maldonado Pere	4	* 5	S TVED	
Print Name		¥29	P 2	
Title (if Participant is not an individual)		幸喜	# w f5	
Date				

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Las Piedras 1 R. 0077/

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J.S. SAN JUAN

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57 E Hd 11 9M80, San Juan, P.R. 00918-1767

Secretaria de la Avenida 150 Carles Chardn ste.

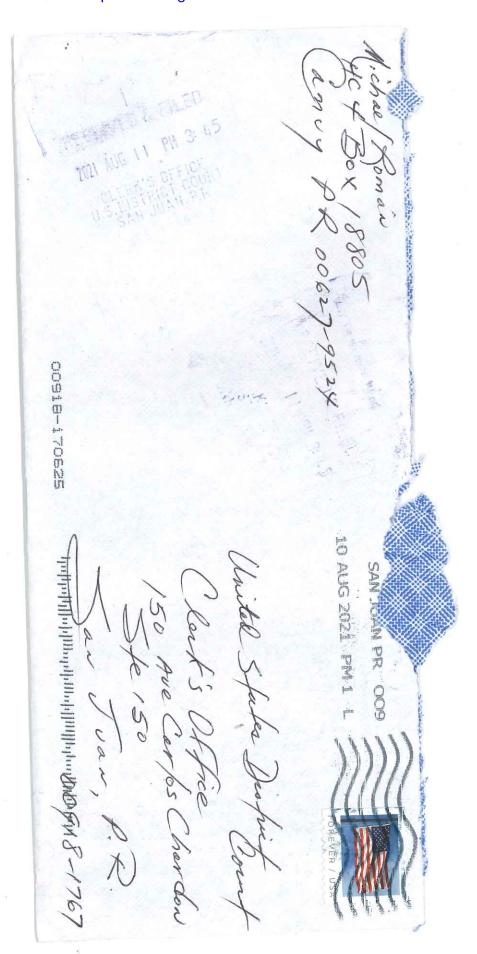
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Case:17-03283-LTS Doc#:17792-1 Filed:08/12/21 Entered:08/12/21 14:29:40 Desc: Pro se Notices of Participation Page 31 of 102

Participant must provide all of the information below in English:

if any:	ntact information, including email address, and that of its counsel,
Participant's Name:	Michael Roman Adames
Participant's Address:	4c 4 Box 18805 Canuy P.K
Participant's Email Address: _	mra 1314 @ yahoo. com
Name of Counsel:	N/A
Address of Counsel:	
Email Address of Counsel: _	Alteria de la companya della companya della companya de la companya de la companya della company
Claim Number: Nature of Claim: By: Signature	im number and the nature of Participant's Claim: No. 17 BK 3283-LTS Coan mon wealth of P.R. man Adames
10- Agus	an individual)
Date	



Case:17-03283-LTS Doc#:17792-1 Filed:08/12/21 Entered:08/12/21 14:29:40 Desc: Pro se Notices of Participation Page 33 of 102

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

II ally.		
Participant's Name:	Elizabeth Cruz Ortiz	
Participant's Address:	PO Box 464 Angels 7R Odell	
Participant's Email Address:	elizabeth cruz 54@ ich ud com	
Name of Counsel:	*	
Address of Counsel:		
Email Address of Council.		
2. Participant's C	Claim number and the nature of Participant's Claim:	
Claim Number:	158788	
Nature of Claim:	Public Employee and Pension Repirec C	laims
By: Signature		
Print Name	- difiz	
Title (if Participant is	not an individual)	ECELY
7(5 202) Date		E 20
	F25 (a)	

P. R. OOSI) Ortice P. R. OOSI)

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United State District Court, Clerk's Office 150 Ave. Carlos Chardon Ste. 150 San Juan, P.R. 00918-1767

Discovery Notice to the Court's Clark

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Case:17-03283-LTS Doc#:17792-1 Filed:08/12/21 Entered:08/12/21 14:29:40 Desc: Pro se Notices of Participation Page 35 of 102

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

ii any:	
Participant's Name:	CARMENMO FIGUEROA - MEDINA
Participant's Address:	CARMENM. FIGUEROA - MEDINA URB. Puerto Nuevo, # 303 Calle 5 NO. Ja
Participant's Email Address	CMMEDIN @ g mail. com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's	Claim number and the nature of Participant's Claim:
Claim Number:	17 BK 3283-LT5
Nature of Claim:	ntention to Participe IN Discovery por
By: Menany -	Legue Delina
Signature	
CARMEN	4. Figueroa - Mesila
Print Name	25 E Z
Title (if Participant	is not an individual)
Date	

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

VERSION JULY 20, 2021



Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name: Francisco Armero Cotina	
Participant's Address: 103 Calle Geronimo Martinez Abonito Pro O Participant's Email Address: Mariano armero Qialoud. Com 939-246-200	070
Participant's Email Address: Mcrichogymero Qicloud. Com 939-246-200	93
Name of Counsel: None	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: 17 BK 3283-LTS	
Nature of Claim: In vestmest (UBS)	
By: Wrancisco M. Armero Cortina	
Signature	
Print Name	
Print Name	
Title (if Payticipant is not an individual)	
$\frac{8/9/2021}{\text{Date}}$	

SUTTE# 2 AIBONITO P.R 00705-3642 CAILE GERONIMO MARTINEZ 10 30 AUG 2021 + RANCISCO M. ARMERD CORTINI ASAN JUAN PR 009

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*CLERA'S OFFICE
LUSTRICT COURT

UNITED STATE DISTRICT COURT CIERK S OFFICE 150 AUE. CARIOS CHARDON STE 150 SAN JUAN P.R DOGI8-1767

Case:17-03283-LTS Doc#:17792-1 Filed:08/12/21 Entered:08/12/21 14:29:40 Desc Pro se Notices of Participation Page 39 of 102

Participant must provide all of the information below in English:

if any:	ontact information, including email address, and that of its counsel,
Participant's Name:	Mariano Armero Hernandez
Participant's Address:	103 Calle Geronimo Martinez Abonito PROO
Participant's Email Address:	mariano armero @ icloud. Com
Name of Counsel:	NONE
Address of Counsel:	none
Email Address of Counsel:	none
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	17 BK 3283- LTS
Nature of Claim:	Investment (UBS)
By: Signature	Sea . The sea of said and said and sea . The sea of said and sea . The sea of said and sea . The sea of said and said and sea . The sea of said and sea . The sea . The sea of said and sea . The sea of said and sea . The sea of
Mariano A.	men Hernandes
Print Name	
Till (iCD)	
Title (if Participant is	not an individual)
Date 8/ 9/ 20	

SUTE#2 FRANCISCO M. ARMERD CORTINASAN JUAN PR GERONIMO MARTINEZ 10 30 AUG 2021 PMI L 21BONTO P.R 00705-3642 009

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UNITED STATE DISTRICT COURT CIERK S OFFICE 150 AUE. CARIOS CHARDON STE 150 SAN JUAN P.R DOG18-1767

Case:17-03283-LTS Doc#:17792-1 Filed:08/12/21 Entered:08/12/21 14:29:40 Desc: Pro se Notices of Participation Page 41 of 102

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name: Gamour Es La Mia	<u>=0.42</u>
Participant's Address: 103 Calle Geronino Makinez Abbonit	OPR
Participant's Email Address: Mariano armero @icloud. Com	_
Name of Counsel:	
Address of Counsel: Mone	_
Email Address of Counsel:	_
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: 17 BX 3283 - LTS	
Nature of Claim: Investment (UBS)	-
By: V State of the	
Francisco M. Armero Corpina	
Print Name	
Owner	
Title (if Participant is not an individual)	
Date Date	

AIS OFFICE TRICT COURT JUAN. F.A SUTE # 2 SILVO FRANCISCO M. ARMERD GERONIMO MARTINEZ 10 30 AUG 2021 PM 1 AIBONITO P.R 00705-3642 CORTINU ASAN JUAN PR 009

UNITED STATE DISTRICT COURT CIERK & OFFICE 150 AUE. CARIOS CHARDON STE 150 SAN JUAN P.R DOG18-1767

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Case:17-03283-LTS Doc#:17792-1 Filed:08/12/21 Entered:08/12/21 14:29:40 Desc Pro se Notices of Participation Page 43 of 102

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any.
Participant's Name: Vélida Sonzalez Rosario
Participant's Address: HC 10 Box 49373 Caquas P.R 00725
Participant's Email Address: <u>nelida_ngr @ hot-mail.com</u>
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 153374
Nature of Claim: Wages owed / Salary inchease due, cause of
By: Nelida Longaly Posorio law 66
Signature
Nelida Gonzalez Rosario Print Name
Title (if Participant is not an individual)
9 de agosto de 2021 Date

HC 10 Bot 49373 Caguar, P.R. 00725 Rosavio



Clerk's Office, 150 Ave. Carbs Chardon Stc. 150 50n Juan, P.R. 00918-1767





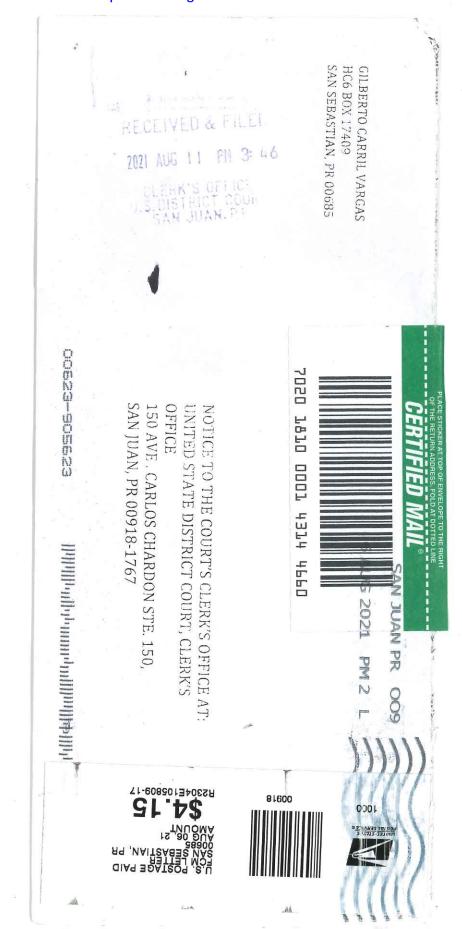


Case:17-03283-LTS Doc#:17792-1 Filed:08/12/21 Entered:08/12/21 14:29:40 Pro se Notices of Participation Page 45 of 102

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel, if any: Gilberto Carei L Vargos Participant's Name: Son Seboston PR 00685 Participant's Address: Participant's Email Address: Contabilidad clases Q yoh so com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: By: (if Participant is not an individual)



Case:17-03283-LTS Doc#:17792-1 Filed:08/12/21 Entered:08/12/21 14:29:40 Desc: Pro se Notices of Participation Page 47 of 102

Participant must provide all of the information below in English:

	ontact information, including email add	dress, and that of its counsel,
if any: Participant's Name: 7	Sicente Varquer Rosaria	Junia St. Ponce, P.R. 00717
Participant's Address:	b. VISTA Alegre # 1637-Co	lunia St. Ponce, P.R. 00717
Participant's Email Address:		
Name of Counsel:	w g n n	
Address of Counsel:		
Email Address of Counsel:		
2. Participant's C	laim number and the nature of Particip	pant's Claim:
Claim Number:		
Nature of Claim: By: Artual 12 au	bonds - oprox'\$50	0,000.00
Signature Ticente Vaz Print Name	1 1942 Rosario	
Title (if Participant is a August 3,	not an individual)	

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Case:17-03283-LTS Doc#:17792-1 Filed:08/12/21 Entered:08/12/21 14:29:40 Desc Pro se Notices of Participation Page 49 of 102

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel.

1.

if any: Participant's Name: - Mayaguer P.R. 00681-7102 Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: eacher Retiremen Nature of Claim: Title (if Participant is not an individual) Date

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In Juan, P.R. 00918-1767

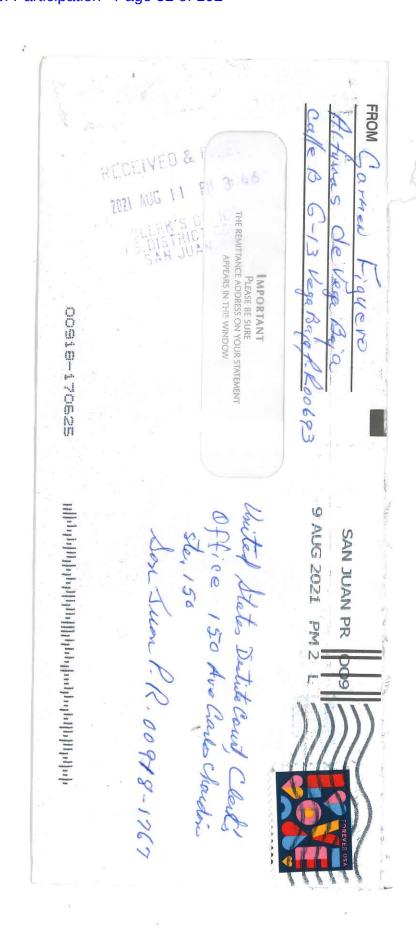


Case:17-03283-LTS Doc#:17792-1 Filed:08/12/21 Entered:08/12/21 14:29:40 Pro se Notices of Participation Page 51 of 102

Participant must provide all of the information below in English:

if any:	contact information, including email address, and that of its counsel,
Participant's Name:	Carged C. Figueros Hervandez
Participant's Address:	Caruer C. Figueros Hervandez Altaras de Vega Bajo calle AGIS V. Bijo P. Gating Elliot orgunil. com
Participant's Email Address:	Gating Ellist Oguail com
Name of Counsel:	
Address of Counsel:	To the second was a first to be a substitute of the
Email Address of Counsel:	the fine if their one and the fine is the experience and the enchance legit in page a
2. Participant's	Claim number and the nature of Participant's Claim:
Claim Number:	17BK 3283 LTS
Nature of Claim:	
By: Signature	igueroa
Carren C	2. Figuero?
Title (if Participant is 6 de a gos 7 Date	
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Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.



Case:17-03283-LTS Doc#:17792-1 Filed:08/12/21 Entered:08/12/21 14:29:40 Desc: Pro se Notices of Participation Page 53 of 102

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Die D. Geps Maisrie
Participant's Address:	1112 celle wayer altwar de la
Participant's Email Address:	Demay Sot D grail com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Cl Claim Number 19729-1) Nature of Claim: By Signature	aim number and the nature of Participant's Claim: L83/54-P Pension
Print Name Title (if Participant is a page of the pag	not an individual)

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Case:17-03283-LTS | Doc#:17792-1 | Filed:08/12/21 | Entered:08/12/21 | 14:29:40 | Desc | Pro se Notices of Participation | Page 55 of 102

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Luis A. FUENTES Vorres
Participant's Address:	P.O. Box. 37-1143 Cayey, P.R. 0073
Participant's Email Address:	Frentes Torrel 123 @ gmail, Com
Name of Counsel:	NIA
Address of Counsel:	NIA
Email Address of Counsel:	NA
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	26802
Nature of Claim:	Department of Health
By: Key A fe	in 2 m
Signature	
Luis A. Fren	Vas Vones 325 & Z
Print Name	(三) I I I I I I I I I I I I I I I I I I I
NO VITTE	
Title (if Participant is a	not an individual)
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Date J	



Case:17-03283-LTS Doc#:17792-1 Filed:08/12/21 Entered:08/12/21 14:29:40 Desc: Pro se Notices of Participation Page 57 of 102

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: Vivianannette Diaz tizarro
Participant's Address: Orb Country Club Belin Zqueira 758,
Participant's Email Address: bbe 23bbe 23 @gmail.com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 13902Z / 149141
Nature of Claim: Penson Retiree Claims
Ву:
Signature
Vivianannette Diaz Izumo Print Name
Print Name
Tid CCD
Title (if Participant is not an individual)
10-09010-2021
Date

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Participant must provide all of the information below in English:

1. Participant's c	contact information, including email address, and that of its counsel,
if any:	
Participant's Name:	Lowaine Mercedo Montelus
Participant's Address:	413 6c 22 Urb. Country Club C
Participant's Email Address:	Mercedo 3237 @ gmail. Com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	84 20 2
Nature of Claim:	Pension 3 3
By: Signature	Mercodo Montelos
Print Name	Mercodo Milato
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Title (if Participant is	not an individual)
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Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:	
Participant's Name:	KIVERA DIEND, CARLOS R
Participant's Address:	PO BOX 420, NAPAWITO PROG CAPLOSZHIT @ hotmail.com
Participant's Email Address:	Carlos 2411 @ hotmail. com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	55234
Nature of Claim:	DENSION RETIREE CLAIMS
By: Duu	
Signature	
CARLOS R. A	DIVERA OTENO
Print Name	
Title (if Participant is	not an individual)
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Date /	

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Case:17-03283-LTS Doc#:17792-1 Filed:08/12/21 Entered:08/12/21 14:29:40 Desc: Pro se Notices of Participation Page 63 of 102

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Participant's Address:

Participant's Email Address:

Capt Caceres & Yaboo com

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: #27638 + 2431

Nature of Claim:

By:

Signature

From A. Cacejes Handel Print Name

Title (if Participant is not an individual)

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Cerlos Chardon Ste 150

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Pro se Notices of Participation Page 65 of 102

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Hiram L. Bones Vargas Participant's Name: Po Box 987 Salins PR 00751 Participant's Address: Participant's Email Address: HBmes86@Vahra.com Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: in Claining borauge they owe me money and I'm By: Print Name Title (if Participant is not an individual)

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Case:17-03283-LTS Doc#:17792-1 Filed:08/12/21 Entered:08/12/21 14:29:40 Desc: Pro se Notices of Participation Page 67 of 102

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any.
Participant's Name: Zoida M. Rodiguez Pineiro
Participant's Address: Hrh. Son Antonio E25 Callos Humorau P.R. 007
Participant's Email Address: Zaimarit 2012a live com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 41595
Nature of Claim: Deudo del gubierno por la contidad de Br. Dadenne Pinera del gubierno por la contidad de
By: Lacela M. Rodriges Pineers Signature \$ 123, 338.31
Zaida M. Rudviguez Pineiro
Print Name
Title (if Participant is not an individual)
9 agosto 2021
Date /

Mrs. Zoido W. Modiguez Pineiro
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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Elvin Veya Murtinez
Participant's Address: HC-12 Box 7256 Hamacao, P.R. 0079
Participant's Email Address: Loundes , seyes 6060 & E. Mai. Com
Name of Counsel: N/A
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: NO-17 BK 3283 - LTS
Nature of Claim: Jointly Administered
By: Elein regn Muting Signature
Elvin Vega Hartinez Print Name
Title (if Participant is not an individual)
8/09/2021
Date '

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Case:17-03283-LTS Doc#:17792-1 Filed:08/12/21 Entered:08/12/21 14:29:40 Desc Pro se Notices of Participation Page 71 of 102

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Crecensia Marales Perez Participant's Name: HC 2 Box 8455, Yabycoa PR. 00767 Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: Claim Number: 172019 Nature of Claim: By: Signature Print Name Title (if Participant is not an individual) Aug /00/2021

1aba coc, PR. 007 45 BOX 84 00918-170825 150 Ave Colus Chardon Ste. buted States I 7000918-1767 TO ACIG 2021 PM 1 SAN JUAN DR COS

Case:17-03283-LTS Doc#:17792-1 Filed:08/12/21 Entered:08/12/21 14:29:40 Desc: Pro se Notices of Participation Page 73 of 102

Participant must provide all of the information below in English:

1.

Date

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name: Angel Luis Acevedo Llamas Urb. Paseo de la Fuente, C4 Calle Tivoli, San Juan, PR 00926-6458 Participant's Address: alaalaorden@gmail.com Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Employees Retirement System Bonds & Puerto Rico Public Finance Bonds Nature of Claim: Signature Angel L. Acevedo Llamas Print Name Title (if Participant is not an individual) August 10, 2021

150 Ave. Carlos Chardon Ste. 150 San Juan, P.R. 00918-1767

San Juan, Puerto Rico 00926-6458 Urb. Paseo de la Fuente C-4 Calle Tivoli Acevedo Llamas United Dumes District, Clerk's Office

Angel L.

S. De

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Case:17-03283-LTS Doc#:17792-1 Filed:08/12/21 Entered:08/12/21 14:29:40 Desc: Pro se Notices of Participation Page 75 of 102

Participant must provide all of the information below in English:

 Participant's contact information, including email address, and that o if any: 	f its counsel,
Participant's Name: Lilia Zoé Torres Ramos	
Participant's Address: I-5 Paseo Rocio del Cielo, Jardi	nesde Panas
Participant's Email Address: Lilia zoestories @ 9mail. con	
Name of Counsel:	1
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number:	
Nature of Claim:	
By: Signature	
Print Name	
Title (if Participant is not an individual)	
Date Sust 6, 2021	00

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: MANIO Mino M	uNOZ
Participant's Address: JARDINES DE PONCE	I-5 PASED ROCIO Del Ciela
Participant's Email Address: Manibois @ YAHO	o · Coul
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Part	icipant's Claim:
Claim Number:	
Nature of Claim:	
By: Signature	
MARIO MIRO MUNOZ	
Print Name	
Tid (CD)	
Title (if Participant is not an individual)	
8-6-2021 Date	φ
Date	

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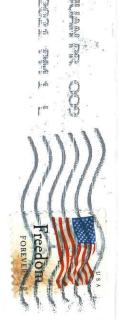
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Inited Shafes District Court, Clerk's Office 150 Aue, Coulos Chondon Ste 150 Aue, Coulos Chondon Ste Son Juan, PR 00918-1767



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Pro se Notices of Participation Page 79 of 102

IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF PUERTO RICO

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In re:	PROMESA
THE FINANCIAL OVERSIGHT AND MANAGEMENT BOARD FOR PUERTO RICO,	Title III
as representative of	No. 17 BK 3283-LTS
THE COMMONWEALTH OF PUERTO RICO et al.,	(Jointly Administered
Debtors. ³	
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NOTICE OF INTENT TO PARTICIPATE IN DISCOVERY FOR CONFIRMATION OF COMMONWEALTH PLAN OF ADJUSTMENT

If this Notice is filed on or before August 15, 2021, you may be granted access to documents in the Plan Depository, where information and documents concerning the Plan are kept, and you will also be able to serve your own discovery requests. If you file this Notice after August 15, 2021, but on or before October 19, 2021, you may be granted access to documents in the Plan Depository, but you will not be able to serve your own discovery requests. Please note that access to the information in the Plan Depository may also require complying with the Debtors' access requirements. If this Notice is filed after October 19, 2021, you will not be permitted to participate in discovery. If you do not file this Notice, you will still be able to vote on the Plan, if you are otherwise qualified to vote.

The party identified below (the "Participant") hereby advises the Debtors that it intends to participate in discovery in connection with confirmation of the Debtors' proposed Plan.

210720V2 CONFIRMATION DISCOVERY PROCEDURES NOTICE

VERSION JULY 20, 2021

The Debtors in these Title III Cases, along with each Debtor's respective Title III case number and the last four (4) digits of each Debtor's federal tax identification number, as applicable, are the (i) Commonwealth of Puerto Rico (the "Commonwealth") (Bankruptcy Case No. 17-BK-3283-LTS) (Last Four Digits of Federal Tax ID: 3481); (ii) Puerto Rico Sales Tax Financing Corporation ("COFINA") (Bankruptcy Case No. 17-BK-3284-LTS) (Last Four Digits of Federal Tax ID: 8474); (iii) Puerto Rico Highways and Transportation Authority ("HTA") (Bankruptcy Case No. 17-BK-3567-LTS) (Last Four Digits of Federal Tax ID: 3808); (iv) Employees Retirement System of the Government of the Commonwealth of Puerto Rico ("ERS") (Bankruptcy Case No. 17-BK-3566-LTS) (Last Four Digits of Federal Tax ID: 9686); (v) Puerto Rico Electric Power Authority ("PREPA") (Bankruptcy Case No. 17-BK-4780-LTS) (Last Four Digits of Federal Tax ID: 3747); and (vi) Puerto Rico Public Buildings Authority ("PBA") (Bankruptcy Case No. 19-BK-5523-LTS) (Last Four Digits of Federal Tax ID: 3801) (Title III case numbers are listed as Bankruptcy Case numbers due to software limitations).

Participant must provide all of the information below in English:

1.		articipant's contact information, including email address, and that of its counsel,	
	if any:	1 , 1 1 1	
Participant's	Name:	Angel A. Canales Cruz	
Participant's	Address:	Affaras de Rio Grande Calle 25 Rio 64e, PR 00145 Z-1381	
Participant's	Email Address:		
Name of Cou	insel:	Cacruz 1958 @gmail.com	
Address of C	ounsel:	- no appro	
Email Addres	ss of Counsel:	- he apply.	
2.	Participant's	Claim number and the nature of Participant's Claim:	
Claim Numb	er:	17BK 3283-LTS	
Nature of Cla	aim:	Salary adjustment	
By: Ang	el A · lane	le Crz	
Ang		alesCruz	
Print	Name		
		7-25 3 2	
Title	(if Participant is	s not an individual)	
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Date	egus, 8,		

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Case:17-03283-LTS Doc#:17792-1 Filed:08/12/21 Entered:08/12/21 14:29:40 Desc: Pro se Notices of Participation Page 82 of 102

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel	,
Participant's Name: Carmen M. Mercado Castro Participant's Address: Calle Marginal #264 Palmer, Río Grande, P.R.	ī
Participant's Address: Calle Marginal #264 Palmer, Kio Grande, P.K.	0072
Participant's Email Address: C. Mercado castro 13 @ gmail. com	_
Name of Counsel:	_:
Address of Counsel:	-:
Email Address of Counsel:	- :
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: 59462	
Nature of Claim:	
By: Carmen M. Mercado Castro	
By: Carmen M. Mercado Castro Carmen M. Mercado Castro Print Name	
Finit Name	
Title (if Destining at its act on individual)	
Title (if Participant is not an individual) August 9 2021 Date	

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Carmen M. Mer cado (astro
P. D. Box 474

Cei ba, P.R. 00735

Reiba, P. R. 00735

United States District Court
150 Ave Carlos Chardon
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Case:17-03283-LTS Doc#:17792-1 Filed:08/12/21 Entered:08/12/21 14:29:40 Desc Pro se Notices of Participation Page 84 of 102

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: Livette Aponte Hernandez
Participant's Address: Alfuras de Río Grande
Participant's Email Address: Calle 25 Z1381 Rio Grande PR 2014
Name of Counsel: 1vette aponte 040g mail. com
Address of Counsel: \(\text{\text{ho apply}} \)
Email Address of Counsel: — no apply
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17-BK-3283 - LTS
Nature of Claim: Salary Adjustment
By: Futte aporte Dernande
Signature
Ivette Apante Hernandez
Print Name
tioy was a second of the property of the prope
Title (if Participant is not an individual)
1919 August 3, 2021
Date

Alternas de Río Grande
Río Grande, PR 00745

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Case:17-03283-LTS Doc#:17792-1 Filed:08/12/21 Entered:08/12/21 14:29:40 Desc: Pro se Notices of Participation Page 86 of 102

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii diiy.	
Participant's Name:	Madeline Movales Valetin
Participant's Address:	Bo, Buera Vista, 112 Calle Capisfally, Mayagli
Participant's Email Address:	ma morale 140 agmail
Name of Counsel:	Common Wealth of Puerto Rico
Address of Counsel:	
Email Address of Counsel:	K :
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	7447
Nature of Claim:	Reclamación laboral por salavio mimino,
	les Valentin
Signature Print Name	ale Valetie
9 de agosta	s de 202)
Title (if Participant is	not an individual)
Date	
	CN CN

00918-170625 San Juan, PR 00918-1767 Car los lerk's Office STATE OF THE PARTY Chardon Ste.

Case:17-03283-LTS Doc#:17792-1 Filed:08/12/21 Entered:08/12/21 14:29:40 Desc: Pro se Notices of Participation Page 88 of 102

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:		41
Participant's Name:	Tuan Ortiz Gor	nzalez
Participant's Address:	b. Rivieras de Cupy	st. Gallegos # I-12
Participant's Email Address:	ontizgonzález 25 d gm	nail.com.
Name of Counsel:	TARTEL WARREN FOR	
Address of Counsel:		
Email Address of Counsel:	ALL PAR	
2. Participant's Clair	m number and the nature of Parti	icipant's Claim:
Claim Number:	73896	
Nature of Claim:	Salary Claim	K PE 2007-4359 (803)
By: Aun Tyla Son	eale	
Signature	- 1	a B E
Juan Ortiz G	sonzalez	50 E Z
10 (02) 44 4 50 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Title (if Participant is not	an individual)	2 2
August 9,	2021	34 E
Date V		-



Case:17-03283-LTS Doc#:17792-1 Filed:08/12/21 Entered:08/12/21 14:29:40 Desc Pro se Notices of Participation Page 90 of 102

1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim:

Case: 17-03283-LTS Doc#: 17792-1 Filed: 08/12/21 Entered: 08/12/21 14:29:40 Desc:

Pro se Notices of Participation Page 91 of 102 f \$18,000 dollars,

I am claiming the amount of \$18,000 dollars,

based on LAW 89 of July 12,1979, Uniform Tax,

based on LAW 89 of July 12,1979, Uniform Tax,

ir Romerazo" for the years that I worked for

fuerto Rico Talephone. These are from February

Puerto Rico Talephone. These are from February

27,1999.

BayAmon, A.R. 00956

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San Juan, P.A. 00918-1767 150 ave. Carlos Chardon

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Case:17-03283-LTS Doc#:17792-1 Filed:08/12/21 Entered:08/12/21 14:29:40 Desc: Pro se Notices of Participation Page 93 of 102

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Gisela Hernandez Ruiz
	HC-67 Box 15303 Bo. Minillas Bayamon, P.R. 0095
Participant's Email Address:	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	17 BK 3283 - LTS
Nature of Claim:	Notice to the Court's Clerk's Office
Ву:	
Signature	elde 16 20m en
Deint Name	and references to the second s
Print Name	TOP 1
Title (if Participant is	not an individual)

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Date

Gisela Hernández Ruiz Hc 67 Box 15303 Bo. Minillas Bayanda, Puerto Rico 00956

Notice to the Court's Clerk's
United States District Court Clerk's
Office 150 Ave. Carlos Chardon St. 150
San Juan, Puerto Rico 00918-1767

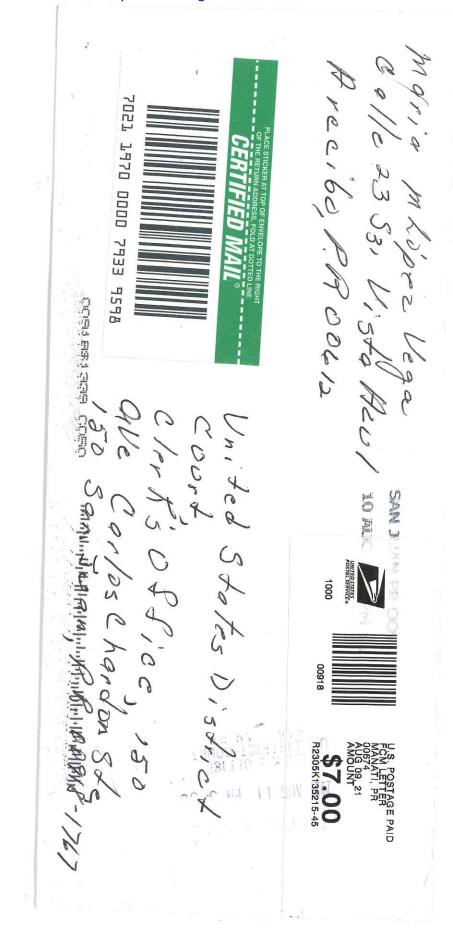


Pro se Notices of Participation Page 95 of 102

1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel, if any: Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: Title (if Participant is not an individual) Date



Case:17-03283-LTS Doc#:17792-1 Filed:08/12/21 Entered:08/12/21 14:29:40 Desc Pro se Notices of Participation Page 97 of 102

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Luonne M. Rios Torres Participant's Name: Jardines del Caribe 2BZ calle 54 Ponce, P.R. 00728 Participant's Address: Participant's Email Address: michitodiva@yahoo.com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: the Government of the Signature Loonne M. Rlos Print Name Title (if Participant is not an individual)

2B2 calle 54 Honce, P.R. G0728

San Juan, P.R. 00918-1767

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Case:17-03283-LTS Doc#:17792-1 Filed:08/12/21 Entered:08/12/21 14:29:40 Desc Pro se Notices of Participation Page 99 of 102

Participant must provide all of the information below in English:

1.

Date

Participant's contact information, including email address, and that of its counsel,

Participant's Name:

Participant's Address:

Participant's Email Address:

Participant's Email Address:

Contabilidad Clasca @ yahoo. Com

Name of Counsel:

Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

The 980

Nature of Claim:

Debts Claimed Deportment or Agriculture

By:

Fred Nawd Muniz

Print Name

Self Participant is not an individual)

00910-170625

SAN JUAN, PR 00918-1767

150 AVE . CARLOS CHARDON STE. 150,

NOTICE TO THE COURT'S CLERK'S OFFICE AT: UNITED STATE DISTRICT COURT, CLERK'S OFFICE

SAN JUAN PR 009



Case:17-03283-LTS Doc#:17792-1 Filed:08/12/21 Entered:08/12/21 14:29:40 Desc: Pro se Notices of Participation Page 101 of 102

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel.

if any:		
Participant's Name:	Eraclides Ram	05 Pérez
Participant's Address:	HC-02 Bz. 5=	727 Laves P.R. oole69
Participant's Email Address: _	NIA	
Name of Counsel:	N/A	
Address of Counsel:	NIA	li fi v .
Email Address of Counsel: _	N/4	
2. Participant's Cla	im number and the nature of Par	ticipant's Claim:
Claim Number:	17 BK 3283 -	LTS
Nature of Claim:	3481	
Ву:		
Signature		= 5
Print Name		SANS IN CETYFO
Title (if Participant is no	ot an individual)	SERVICE SERVIC
Date	and the same of th	72 9 P

tares, P. R. 00 669-9708 1 10 AUG 2021 PM 1 Ramos berev Era 5717

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To: Discovery Notice of the Cour's Clerk's

United States District, Clerk's Office

150 Ave. Carlos Chardon Ste. 150 Juan, P. R. 00918-1767